REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL OR DESTRUCTION

DISPOSAL REQUEST NUMBER: FROM:

PHONE: ADDRESS:

TO: Montana Local Government Records Committee ◆ c/o Local Government Services Bureau Montana Department of Administration ◆ P.O. Box 200547 ◆ Helena, MT 59620-0547

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Schedule #		DESCRIPTION OF RECORDS	INCLUSIVE DATES		Confidential	10 Year Rule	DISPOSE			
Jedi	Item #	(include case # or other identifying info)			nfide	Year				
Sch	lter		From	То	S	10`	Yes	No	COMMENTS	
6	123	EXAMPLE: Sealed Civil Files #23-234	1/2/1907	12/30/1922	X	X	\boxtimes		Microfilmed	
8	456	EXAMPLE: Cemetery Records - Full	6/1/1911	11/1/1937				X	Permanent Record	
10	1	EXAMPLE: Commission Minutes	1/1/1919	1/30/1929		X	X		Transfer, Museum, etc.	
		1								

CONFIDENTIAL

The local entity must determine if records are confidential or private and mark accordingly.

* 10 YEAR RULE

Public records more than ten (10) years old approved for destruction may not be destroyed for at least 180 days after this date: , 20

Authorization is granted on the express condition that all the fiscal records involved have been audited and the audit approved, or such records are not required for future audit, and that all of the records listed have ceased to have sufficient value to warrant future retention and that any PUBLIC RECORDS that are ten (10) years old or older have been first offered to the Montana Historical Society, the State Archives, Montana public and private universities and colleges, local historical museums, local historical societies, Montana genealogical groups and the general public.

Signatures are required before mailing for approval.

ORDERED BY:			RECORDS APPROVED BY:	
Governing Body	Date	Phone	Local Government Services Committee Member	Date
Records Custodian	Date	Phone	Montana Historical Society Committee Member	Date
Records Custodian	Date	Phone	Records & Information Management Committee Member	Date
	ansferred	or retaine	use only) ed records as designated by the Local Governments" column, above, the entity to which the record	
Signature			Title	Date

FILLABLE FORMS

A fillable form is an enhanced Word document that allows you to quickly and efficiently fill out a standardized form.

Once you open up this document, your cursor will go to the first form field. Type the information required. Then use your Tab key to go to the next question.

Some of the form fields have pulldown menus. Once you have tabbed into the form field, you'll get a list of choices. Simply click your choice and tab to the next field. Another way to do this is to click on your Down arrow, make your selection, and then hit the Enter key.

This form isn't magic and it might not work for all situations. If you should have any problems, please call Records and Information Management at (406) 444-9000 and we'll be glad to help you.

FORM FIELDS

FROM: Type in the name of the responsible agency person.

TO: Send the completed form to this address.

Schedule # A pulldown menu that allows you to choose what schedule you use.

Item # This number comes from the schedule you are using.

DESCRIPTION OF RECORDS Type a brief but specific explanation of the records.

INCLUSIVE DATES

From What date is the first record?

To What date is the final record?

Confidential Hit the space bar to check if these records are confidential or private.

10 Year Rule Hit the space bar if these are public records which cannot be destroyed for six months after the date

typed in.

DISPOSE One of these boxes should always be chosen in this column.

Yes Hit the space bar if this record can be gotten rid of.

No Hit the space bar if this record must be kept.

Comments Type in comments that specifically address what will happen to the record.

ORDERED BY:

Governing Body Signature of the person submitting the form.

Records Custodian Signature of the person responsible for the agency submitting the form.

Records Custodian Signature of the person responsible for the agency submitting the form.

RECORDS APPROVED BY:

CERTIFICATE OF DESTRUCTION